



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Summerville Respite House
Name of provider:	Waterford Intellectual Disability Association Company Limited By Guarantee
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	30 January 2023 and 31 January 2023
Centre ID:	OSV-0005627
Fieldwork ID:	MON-0029927

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

In this centre a respite service is provided by Waterford Intellectual Disability Association (WIDA) to a maximum of six adults at any one time. Ordinarily five persons avail of respite at any one time. The sixth bed is held for an emergency respite admission. The centre is open 51 weeks each year.

In its stated objectives the provider strives to support residents to access their local community, to develop their independence and enjoy a holiday with their peers. A car is available to residents so they can travel to and from day services, go to evening activities or any other travel required during their stay in respite. While each resident's needs are different and may have a requirements for physical, mobility or sensory supports, the overall level of need for those availing of respite in this house is low to medium. The premises itself is a bungalow type residence with most facilities for residents provided at ground floor level. Residents share communal, dining and kitchen facilities. The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 30 January 2023	10:00hrs to 16:30hrs	Lisa Redmond	Lead
Tuesday 31 January 2023	08:30hrs to 11:00hrs	Lisa Redmond	Lead
Monday 30 January 2023	10:00hrs to 18:00hrs	Conor Brady	Support
Tuesday 31 January 2023	09:00hrs to 16:30hrs	Conor Brady	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to review the levels of compliance with associated regulations and standards. It was completed by two inspectors across a two day period. One inspector spent time in the designated centre speaking with the local management team and staff members, observing care practices and completing documentation review. The second inspector reviewed governance and management arrangements in the main office of the organisation. Overall it was found that the centre demonstrated very good levels of compliance. Residents were afforded a good quality service, where person-centred care was paramount to all service provision.

During the two days of this announced inspection, the inspector met with all five residents attending the designated centre for respite at that time. The inspector spent time with residents on their return from work and/or day services on the first day of the inspection, and in the morning on the second day, before they went to work and/or day services.

As a number of residents were beginning their respite stay on the first day of the inspection, all residents were invited to attend a residents' meeting. At this meeting, residents were supported to agree menu choices and discuss activities they would like to participate in while in respite. It was clear that residents viewed their respite break as their holiday, and this ethos was promoted by staff members. Residents made plans to go bowling, to the cinema and to go out for dinner in a local restaurant. Residents also discussed their rights which included being kind to each other, and how to respect each other's privacy while in the centre. It was evident that this meeting was very much led by residents, in line with their choices and wishes.

Residents spoke with the inspector and told them that they were happy, and that they enjoyed visiting the centre for respite. If they were unhappy or would like to make a complaint, residents were aware that they could discuss this with a staff member. Residents communicated that they felt safe in the centre. At all times, residents were observed laughing, smiling and they appeared comfortable as they interacted with staff members and each other. The atmosphere in the centre was relaxed and fun, with residents joking and chatting to each other.

At all times, supports were provided to residents in a kind, caring and respectful manner. Staff members spoke positively about the residents they supported, and the importance of providing them with a variety of activities that they enjoyed during their respite stay.

The inspector received two questionnaires completed by residents and their representatives about their views on the services provided in Summerville Respite House. Overall, the questionnaires identified that residents were happy with all aspects of care and support provided in the centre. The next two sections of this

report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

The purpose of this inspection was to make a decision regarding an application to renew the registration of the designated centre. In advance of this inspection, an application and supporting documentation was submitted for the inspector to review. At the time of the inspection, the designated centre could support up to six residents at a time. However, during the inspection, the inspector was advised that there were plans to reduce the centre's capacity to a maximum of five.

This designated centre provided respite services to approximately 100 adults and 11 children. In line with the centre's conditions of registration, adults and children did not attend the centre at the same time. Since July 2022, the centre had increased from being open 26 weeks each year to 51 weeks. This meant that the service could provide an increased number of respite breaks.

Overall, this centre was found to be well-managed, which ensured a high level of care and support was provided to residents when they attended the centre for respite.

Staff spoken with reported that they felt well supported by management within the designated centre. Staff members discussed occasions where they had contacted on-call management to seek advice or to notify them of accidents or incidents in the centre, in line with organisational policy. It was clear that staff members felt that they could raise any issues or concerns should they arise and were supported by the operational management team.

An annual schedule of audits outlined the plan for 2023 with regards to health and safety audits, multi-disciplinary team meetings, staff team meetings, supervision, health and safety reviews and financial audits. This ensured a clear plan of oversight in the centre, which was carried out by the person in charge and members of the senior management team. There was evidence of a variety of comprehensive audits carried out, with learning and areas of improvement identified and shared at staff team meetings.

Overall there were very good operational management systems found to be in place ensuring a very good level of care and support to the residents.

## Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre had been submitted to the Health Information and Quality Authority (HIQA) in a timely manner. This included submitting documentation in the correct format, and payment of the application fee.

Judgment: Compliant

### Regulation 14: Persons in charge

A person in charge had been appointed in the designated centre. The person in charge held this role for a total of two designated centres, and had been in the role for many years. It was clear that they were very knowledgeable about the needs of residents, and the supports they required while attending the respite service.

Staff spoke with were complimentary of management in the centre, and felt well supported by the person in charge. It was clear that staff members felt they could raise any issues and/or concerns to them, should they arise.

Judgment: Compliant

### Regulation 15: Staffing

Residents were supported throughout their respite stay by a team of social care workers and healthcare assistants. Nursing supports were also available if required, in line with the assessed needs of residents. A staff rota clearly outlined the staff members on duty in the centre and their hours of work.

The staffing levels in the centre were flexible to meet the needs of the resident groups attending respite. This was planned in advance by the person in charge, in line with the assessed needs of residents on planned respite. For example, day time staffing levels varied from lone-working staff to up to three staff members when required. At night, waking night duty was provided on occasions where residents may need additional support at night. Otherwise, a sleepover staff was available to residents. There were also occasions where both a sleepover staff and a waking night staff were rostered on duty together. It was evident that there was a sufficient number of staff on duty to meet the needs of residents and to support them to engage in activities of their choosing while attending the service for respite.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff members completed a variety of training to ensure they could effectively support the varying needs of residents they supported. This included first aid, manual handling, feeding, eating and drinking, and fire safety. In response to the COVID-19 pandemic, staff members participated in training in infection prevention and control and hand hygiene.

Staff meetings were held every six weeks. Minutes of these meetings evidenced that discussions included actions from audits and reviews in the centre, and learning sessions including autism awareness held with staff. Supervision and probationary meetings were also held with staff members on a regular basis.

Judgment: Compliant

### Regulation 21: Records

The inspector completed a review of a sample of staff members' personnel files. The files included information and documents specified in Schedule 2 of the regulations including evidence of staff members' identification and appropriate vetting disclosures.

Judgment: Compliant

### Regulation 22: Insurance

It was evident that the designated centre was adequately insured against risks including injury to residents. This information was submitted as part of the centre's application to renew the registration of the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

Inspectors found that the senior governance and management team were ensuring the effective delivery of care and support to residents to a very high standard. Inspectors met with all of the senior management team and persons in charge as part of this inspection. Inspectors found that this management team was made up of skilled, experienced and qualified persons who demonstrated very good levels of governance, oversight and management of the designated centres. Areas such as resident welfare, health and safety, safeguarding and protection, clinical care, risk



management, resourcing, staff training and development were all reviewed by inspectors and found to be of good quality. Inspectors reviewed the regular audits that senior management had put in place and found that they were effective and where actions were required as a result of the findings, they were being taken in a timely manner. This provided assurance that the services provided were safe, appropriate to residents' needs, consistent and effectively monitored in the designated centre in line with the requirements of regulations and standards.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There was a clear admissions policy in place in the centre. This included screening applications to ensure they met the criteria set out in the centre's statement of purpose. Where a prospective resident was identified, they were afforded an opportunity to visit the centre before they were admitted. A contract which outlined the care and support residents would receive in the centre was also provided. This clearly outlined the fees they would be charged to attend the centre for respite.

Judgment: Compliant

### Regulation 3: Statement of purpose

The designated centre had a statement of purpose. This document outlined the care and support residents would receive in their home, as outlined in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

A log of complaints was held on an online system in the centre. This inspector reviewed complaints that been made on behalf of residents who attended the respite service. It was clear that these had been dealt with in line with the organisation's complaints policy.

Judgment: Compliant

## Quality and safety

Residents received a high quality of care and support in Summerville Respite House. Staff members were aware of the needs of residents, including the importance of supporting their independence and promoting their rights. Overall, residents were happy with the supports they received in respite.

The respite service provided supports to residents with a low to high level of support needs. Respite breaks were planned in advance by the person in charge in consultation with the social worker. An assessment tool had been developed to determine if residents required either a low, medium or high level of support. Based on this assessment, those deemed to have high support needs were provided with 21 nights of respite annually, those deemed to have medium support needs were provided with 14 nights annually, and those deemed low support were provided with seven nights annually. This provided management with a clear allocation of respite breaks based on the assessed needs of residents.

The premises of the designated centre was maintained to a very high standard. Emergency lighting, fire-resistant doors and a fire alarm panel were provided throughout the centre.

Plans outlining the care and support needs of each resident were available to guide staff members in care delivery. This included intimate care plans which had been developed to ensure residents received appropriate supports to meet their hygiene needs. Where residents were independent in this area, this was also clearly documented. Residents' care plans were subject to regular review and update.

## Regulation 11: Visits

A private area where residents could meet with visitors in private was provided in the centre. A visitor's log was also in place to record all visitors to the centre. Generally, residents chose not to have visitors in the centre, however visits were facilitated when requested by residents.

Judgment: Compliant

## Regulation 13: General welfare and development

It was evident that the service provided a focus on community activities and engagement while residents were attending respite. Residents were facilitated and supported to plan community activities they would like to engage in, including

cinema trips, eating in local restaurants and also in centre activities such as dancing and singing.

Residents were supported to continue to access their work and day services throughout their respite break. Staff members were observed discussing plans with residents to ensure they could facilitate transport for them to and from work.

Judgment: Compliant

### Regulation 17: Premises

The premises of the designated centre was a large two-storey house which had been renovated to a very high standard. The centre had a large open plan kitchen and living area, a separate sitting room where residents could receive a visitor in private, five resident bedrooms, and an office/staff sleepover room. There was a sufficient number of bathrooms for residents to use. A small garden was also provided which was well maintained with plants and shrubbery.

The centre was very clean, homely and suitably decorated to meet the needs of both adult and child residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Wholesome and fresh nutritious food was available to residents at all times. This included fresh vegetables and fruit. Food items were stored in a hygienic manner. Residents could access drinks and snacks whenever they liked. Staff members were observed asking residents when they would like to have their meals.

Judgment: Compliant

### Regulation 20: Information for residents

A resident's guide was available in the centre. This guide was in an accessible format, and it contained information to residents about the services they would receive in their home. This included details about the complaints process, the terms relating to residency and arrangements for visits.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

A clear protocol for the discharge of residents was available. These were generally planned discharges when respite users moved to residential services and no longer met the criteria for admission. This was outlined in organisational policy on admission and discharge of residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

Emergency plans relating to loss of heating and water, flooding, and a gas leak were available in the centre. This ensured that staff members had clear guidance in the event of an emergency.

A risk register outlined the risks in the designated centre. Individual risk assessments relating to residents were recorded on an online system. There were reviewed every six months.

Judgment: Compliant

### Regulation 27: Protection against infection

A contingency plan had been developed which provided information and guidance for staff members to protect themselves and others from COVID-19. A COVID-19 check-in station was also provided where staff members could record their temperature and don personal protective equipment (PPE) on arrival to the centre.

The inspector observed staff members cleaning the centre using a colour-coded mop system, which prevented cross-contamination between areas of the centre. Extensive cleaning was completed on the discharge of residents from the centre, prior to another group of residents' admission. This was in line with the centre's COVID-19 contingency plan.

Judgment: Compliant

## Regulation 28: Fire precautions

On admission of each respite group to the centre, a fire evacuation drill was carried out to ensure residents could evacuate effectively. On one occasion, it was noted that the time it took all residents to evacuate the centre was quite high. Staff spoken with noted that this respite group had a high level of support needs, but assured inspectors all residents could be safely evacuated. However the fire drill recording had not provided a rationale for the time it took to evacuate, any corrective actions required and it had not identified that this drill required review and repeat. The person in charge advised that they would prioritise this matter to ensure this drill was repeated on the next admission of this respite group.

Daily checks were carried out by staff members to ensure that fire safety equipment was working effectively and that escape routes were clear.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Residents' medicines were stored in a locked press in the designated centre's office. There was a clear system where residents' medicines were counted and signed as received on their admission, and once again on discharge from the centre.

The inspector reviewed a sample of residents' medicines prescription records. It was evident that these included information such as the name, dose and route of administration for residents' medicines. Where PRN medicines (medicines taken only when required) were prescribed, these included a maximum dose in 24 hours.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents could access a variety of allied health and social care professionals as part of the multi-disciplinary team. This included an occupational therapist, psychologist, a social worker and nurses. Multi-disciplinary team meetings were held regularly to discuss the care needs of residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Plans had been developed to support residents who experienced anxiety and/or behaviours that challenge. These plans outlined behavioural triggers, proactive and reactive strategies in place to support residents. Where visuals were recommended to provide choice to residents, these visual prompts were readily available for use in the centre.

Judgment: Compliant

## Regulation 8: Protection

Staff members spoken with were very much aware of their duties and responsibilities with respect to allegations of suspected/confirmed abuse. All staff working in the centre had received mandatory training in children's first and the safeguarding of vulnerable adults.

The inspector reviewed the documentation relating to allegations of suspected and/or confirmed abuse. It was evident that these had been notified in line with statutory requirements. There were no open safeguarding concerns at the time of the inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

It was clearly evidenced throughout the inspection that residents were supported to learn about, and promote their rights. Residents' choice was very much promoted, and residents were treated with respect while attending the respite centre. At residents' meetings, there was a focus on advocacy and human rights. On occasions, it was noted that residents had chosen slogans such as 'have fun and speak up', and 'nothing about us without us'. This indicated an awareness of their rights which was supported in the centre.

All staff working in the designated centre completed a human rights based approach to care training.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Summerville Respite House OSV-0005627

Inspection ID: MON-0029927

Date of inspection: 30/01/2023 and 31/01/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Staff will document the rationale in the fire book for the time it took for residents to evacuate. Staff will repeat a fire drill for this group of residents when they are next availing of respite, PIC will review the fire drill, check the length of time the fire drill took and determine if a repeat of the fire drill is required dependent on the time it took to evacuate.	

**Section 2:**

**Regulations to be complied with**

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	03/03/2023